AREA 33 GROUP HISTORY

Group Name _____ **District** ____ **Group Number** _____

Date Group Was Formed: _____

Meeting Location: _____

Day(s) & Time(s) Group Meets: _____

Type of Meeting (Open/Closed, Study, Speaker, etc): _____

Original Members: (Name & sobriety dates, if possible) _____

_____

GROUP HISTORY: (Location changes - area address. format changes. Area growth history - by years, if possible. Service history - (Work Shop, etc.) Social history - Anniversary celebrations, etc. attach any flyers.)

Submitted by: _____ Date: _____

Please print, complete, and return this form to:

Area 33 General Services of Southeastern Michigan
ATTN: Archives Committee
24225 W. Nine Mile Rd. Suite 110
Southfield, MI 48033